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CONFIRMATION NO. 4016

SERIAL NUMBER 10/761,974	FILING DATE 01/20/2004 RULE	CLASS 439	GROUP ART UNIT 2833	ATTORNEY DOCKET NO. 66638/41776
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APPLICANTS

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** CONTINUING DATA *****

Not more

** FOREIGN APPLICATIONS *****

none
Not

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 04/26/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	MO	8	24	3
Verified and Acknowledged	Examiner's Signature <i>[Signature]</i> Initials				

ADDRESS

21888
 THOMPSON COBURN, LLP
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TITLE

Wireless CASS interface device

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)